

MAY 07 2026

<b>Date Correction Plan Due</b> 4/24/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-841-9490
--	--	---

**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(l) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

<b>Name - Certified Operator / Licensed Center</b> Bonnie Leffel	<b>Provider Number / Facility ID Number</b> 2000556852 / 001
<b>Address - Facility (Street, City, State, Zip Code)</b> 217351 State Highway 97 Stratford WI 544844304	<b>Telephone Number</b> 715-383-2599
<b>Date - Regulation Visit</b> 4/13/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(12)(c)  <b>The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.</b></p> <p>Description: The operator did not have a written contract that was signed by the operator and a parent.</p>	<p style="font-size: 1.2em;">I made a new                      Police Form and it                      will be in close.</p> <hr style="border: 0.5px solid black;"/> <p style="font-size: 1.2em;">Parent signed on                      Ins pieces                      Date - Year - Hours.</p>	4/17/26.	

Name - Certified Operator / Licensed Center Bonnie Leffel		Provider Number / Facility ID Number 2000556852 / 001	
Address - Facility (Street, City, State, Zip Code) 217351 State Highway 97 Stratford WI 544844304		Telephone Number 715-383-2599	Date - Regulation Visit 4/13/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>2 202.08(12)(i)  <b>The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Informing The Parent In Writing Whether The Premises And Child Care Business Are Covered By A Child Care Liability Insurance Policy.</b></p> <p>Description: After a review of written information and discussion it was determined that the operator has not informed parents in writing whether the premises and child care business are covered by a child care liability insurance policy.</p>	<p>I did make a Payment Agreement Plan signa  By the parent, and  with the INSO  my home day care.  sign on</p>	4/17/26	
<p>3 202.08(1m)(a)6.  <b>A Certified Child Care Operator Shall Include In Its Personnel Or Operating Policies A Provision That Requires A Provider To Notify The Child Care Operator As Soon As Possible, But No Later Than The Child Care Program's Next Working Day, Of The Reporting Requirements Under Par. (B) 5. To 7.</b></p> <p>Description: The operator does not have policies which address this requirement.</p>	<p>I made a new  Plan in close</p>	4/18/26	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Bonnie Leffel

2000556852 / 001

Address - Facility (Street, City, State, Zip Code)

217351 State Highway 97 Stratford WI 544844304

Telephone Number

715-383-2599

Date - Regulation Visit

4/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4	<p>202.08(2)(am)1.  <b>A One-Unit Or Two-Unit Residential Building Shall Have A Functional Carbon Monoxide Detector Installed In The Basement And On Each Level Of The Building, Excluding The Garage And Attic, In Accordance With The Requirements Of S. 101.647, Stats.</b></p> <p>Description: There was no carbon monoxide detector present or installed on the premises during the visit.</p>	<p>Yes I got a new carbon monoxide in place and smoke detector Batter are all replace — and plug for the plug in cable</p>	4/18/26	
5	<p>202.08(2)(c)  <b>The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</b></p> <p>Description: An open bag of ice melt was present inside, next to the front door, located within the space used for care. A bottle of bleach was also accessible in the bathroom used for care.</p>	<p>Yes the Bag of ice is in a secure place. The Bleach <del>Bleach</del> was taken in the Back room where you we herz Boyle.</p>	4/16/26	
6	<p>202.08(2)(L)  <b>The Premises Shall Have No Flaking, Chipping, Peeling, Or Deteriorating Paint On Exterior Or Interior Surfaces In Areas Accessible To Children.</b></p> <p>Description: Chipping and peeling paint was observed around the front door and patio door frames.</p>	<p>Got the paint just have to wait till marm up. to cool to paint.</p>	4/30/26	

Name - Certified Operator / Licensed Center

Bonnie Leffel

Provider Number / Facility ID Number

2000556852 / 001

Address - Facility (Street, City, State, Zip Code)

217351 State Highway 97 Stratford WI 544844304

Telephone Number

715-383-2599

Date - Regulation Visit

4/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	<p>202.08(4)(hm) <b>Children May Not Share Cups, Eating Utensils, Washcloths Or Towels Unless Care Is Being Provided In The Children's Home By A Certified In-Home Child Care Operator.</b></p> <p>Description: One shared hand towel was located in the bathroom used for care.</p>	<p>yes it was put in the Bathroom when you were her Gcyle so you still wrote me <u>up</u></p>	<p>4/13/26</p>	
8	<p>202.08(4m)(a)1. <b>An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</b></p> <p>Description: Written plans for taking appropriate action in the event of an emergency did not include human-caused events or a provider's family situation.</p>	<p>I wrote a new piece its in close with the rest of the form I wrote <u>up</u></p>	<p>4/19/26</p>	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Bonnie Leffel

2000556852 / 001

Address - Facility (Street, City, State, Zip Code)

Telephone Number

Date - Regulation Visit

217351 State Highway 97 Stratford WI 544844304

715-383-2599

4/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
9	<p>202.08(4m)(a)1.a-c  <b>An Operator's Emergency Plan Shall Include Procedures For All Of The Following:</b>  <b>A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down.</b>  <b>B. Communication And Reunification With Families.</b>  <b>C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions.</b></p> <p>Description: Emergency plans did not include procedures for shelter-in-place or lock-down, reunification with families, or ensuring that the needs of all children are met, including children with disabilities and children with chronic medical conditions.</p>	<p>In any lock down in place - close shade, lock all doors, kept kids out of view of outside - keep out of sight, like storm shelter interior room, new Park In chase.</p>	<p>4/18/26</p>	
10	<p>202.08(8)(a)  <b>A Child Care Provider Shall Plan Activities So That Each Child May Be Or Do All The Following: 1. Be Successful And Feel Good About Himself Or Herself, 2. Use And Develop Language, 3. Use Large And Small Muscles, 4. Learn New Ideas And Skills, 5. Participate In Imaginative Play.</b></p> <p>Description: While the child care provider was able to identify activities that are offered to children in care, they were not able to explain or identify that any activities are planned so that children maybe able to be successful and feel good about themself, used and develop language, use large and small muscles, learn new ideas and skills or participate in imaginative play.</p>	<p>Is required shall include in it personnel or operating policies a provision a provide to notify the child care operator as soon as possible but no later than next working day.</p>	<p>4/18/26</p>	

NAME - Agency Worker  
Gayle Schizlik

Date Issued  
4/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Bonnie Leffel

4/18/26 or May 1 - 2026.